

PART B - FEE(S) TRANSMITTAL

O I P E

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NOV 04 2005

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7500 08/10/2005

Baxter Healthcare Corporation
 P.O. Box 15210
 Irvine, CA 92614
 11/04/2005 AOSMAN2 00000016 021440 09825769

01 FC:1501 1400.00 DA
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mary Stickle	(Depositor's name)
Mary Stickle	(Signature)
November 4, 2005	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.
09825769	04/04/2001	Milan S. Blake	NV1932	3657

TITLE OF INVENTION: METHOD FOR THE PRODUCTION OF BACTERIAL TOXINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/10/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FORD, VANESSA L	1645	435-069100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Heller Ehrman LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BAXTER INTERNATIONAL INC.
 BAXTER HEALTHCARE S.A.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

DEERFIELD, IL
 ZURICH, SWITZERLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed.

4b. Payment of Fee(s).

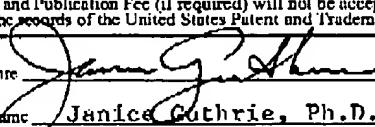
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(j)(2)

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

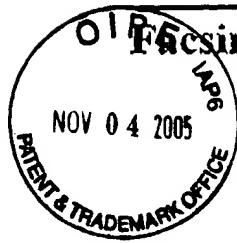
Date 11/3/05

Typed or printed name Janice G. Guthrie, Ph.D.

Registration No. 35,170

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**Facsimile Cover Sheet**

To: Mail Stop Issue Fee
Company: USPTO
Phone:
Fax: (571) 273-2885

From: Mary Stickle
Legal Assistant
Company: Baxter Healthcare Corp.
P. O. Box 15210
Irvine, CA 92623-5210
Phone: (949) 474-6450
Fax: (949) 474-6330

Date: November 4, 2005

Pages including this cover page: 3

Re: Form PTOL-85, Part B Fee Transmittal (in duplicate) for
U.S. Serial No. 09/825,769 filed 04/04/2001
Baxter Docket No. NY-1932

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By Mary Stickle
Mary Stickle

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